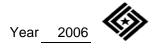
OSHA's Form 300A Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 7 (H)	Total number of cases with job transfer or restriction 6	Total number of other recordable cases 30 (J)
Number of Days			
Total number of days of job transfer or restriction 292		Total number of days away from work 199 (L)	_
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory Condition	22 0	(4) Poisoning(5) All other illnesses	0 21

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office

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Street	1 Cyclotron Road				
City	Berkeley	State _	CA	Zip	94720
Indus	try description (e.g., Manufacture of motor Research & Development	truck trailers)	1		
Stand	ard Industrial Classification (SIC), if known 873	(e.g., SIC 37	715)		
Emp	loyment information				
Annua	al average number of employees	3000			
Total	hours worked by all employees last year	5518532			
	hours worked by all employees last year here	<u>5518532</u>			
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Sign Know I certii entrie: David	here ingly falsifying this document may result in fy that I have examined this document and s are true, accurate, and complete. McGraw	a fine.	est of my	Chief Op.	. Officer